



Water Department Auto Debit Authorization Form

***Draft date will be 15 days after the bill date.**

ACCOUNT INFORMATION

Customer Name:	Service Address:
Water Dept. Account Number:	Water Dept. Customer Number:
Phone Number:	Email:

FINANCIAL INFORMATION

Name of Bank/Financial Institution:
Please check the appropriate boxes and fill in the appropriate information below:

<input type="checkbox"/> Checking Account Number:	<input type="checkbox"/> Savings Account Number:
<input type="checkbox"/> Checking Routing Number:	<input type="checkbox"/> Savings Routing Number:

AUTHORIZATION (CHECK BOX)

☐ I, the above-named customer, authorize the City of Gulfport to initiate monthly debits from the bank/financial institution account listed above.

Signature:	Date:
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TERMS AND CONDITIONS

-For bank account verification, we accept a form/letter head with account information from the bank/financial institution or a voided blank check. Please attach with the form.
-The bank draft will begin with your next billing cycle after submission of your authorization form. Please know that existing charges will not draft.

Return completed form to:

City of Gulfport Utility Billing
1422 23rd Avenue
Gulfport, MS 39501
Phone: 228-868-5720 | Fax: 228-868-5722
Email: utilitybilling@gulfport-ms.gov

Office Use Only

Received By:

Completed By:

Date Completed: